FILED
May 20, 2005 8:00 am
Secretary of State
04-18-2005 90302 003 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000150800

1. Entity Name
COLOR - RITE TECHNOLOGIES, INC.

66018090

Principal Place of Business
~~1879 MOVA STREET~~
~~SARASOTA, FL 34231~~ Changed

Mailing Address
P.O. BOX 19319
SARASOTA, FL 34276

01052005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: 2452 Goldenrod St.
Suite, Apt. #, etc.
City & State: Sarasota FL.
Zip: 34239 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number: 20-1856849 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRACY, CATHERINE L
2058 CONSTITUTION BLVD.
SARASOTA, FL 34231

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL. Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Catherine L. Tracy 1-15-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BARRETO, SUZANNE 1879 MOVA STREET SARASOTA, FL 34231	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2452 Goldenrod St. Sarasota FL. 34239 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4-11-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #